

NC DIVISION OF AGING AND ADULT SERVICES

and

_____ AREA AGENCY ON AGING

MONITORING TOOL FOR ENTITIES RECEIVING TITLE III-D FUNDS

Provider: _____

Review Date: _____

Interviewer: _____

Person(s) Interviewed and Title(s): _____

-
1. Are Title III-D funds used **ONLY** for those services as specified in Section 102 of the Older Americans Act of 1965, section 102(12), recently amended by Public Law 106-501, on November 13, 2000? *Check on appropriate lines.*

_____ Health Risk Assessment

_____ Routine Health Screenings

_____ Nutrition Counseling and Educational Services

_____ Health Promotion Programs related to chronic disabling conditions and unhealthy lifestyle practices

_____ Programs regarding physical fitness and music, art, and dance movement therapy

_____ Home injured control services

_____ Screening, coordination, referral and provision of mental health services

_____ Educational programs on availability, benefits, and appropriate use of preventive Health services covered under Medicare

_____ Medication management, screening, and education

_____ Information concerning diagnosis, prevention, and treatment and rehabilitation of age related diseases and chronic disabling conditions

_____ Gerontological counseling

_____ Counseling regarding social services and follow-up health services described above

➤ Identify below any services being provided that are not listed above.

2. **Describe** exactly how Title III-D funds are being utilized.

3. Is there evidence that Title III-D funds are being utilized to purchase medical service, prescription drugs, home safety devices or activities of daily living supply items?

YES _____

NO _____

If yes, describe below:

4. Is there evidence that any Title III-D funds are being utilized for services which are paid for by Medicare? (flu shots, mammograms, pap smears, laboratory services, durable medical equipment)

If yes, describe below:

5. Is there documentation that verifies that the 10% match has been met? _____
What kind of documentation?

Is the match **cash** _____ or **in-kind** _____?

6. Medication Management

- (A) If the provider is receiving funding to provide medication management, describe the types of services being provided. *If funding is not received by this provider, mark N/A.*

(B) Are the services provided under medication management considered to be either *educational* programs, *screenings*, or assistance with *management* of prescription drugs to prevent incorrect medication and adverse drug reactions.

YES _____ NO _____

Describe how this service(s) provided fits into one of the three categories.

(C) **Describe** how the 23.62% expenditures of the total Title III-D allocation for medication management are being managed, [*i.e., is this a region-wide effort, or is each provider being given an allocation of which 23.6% is to be utilized for medication management.*]